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TO: Mail Stop ISSUE FEE
USPTO

FAX NO.: (571) 273-2885

FROM: Arlir M. Amado
KRAMER & AMADO, P.C.

DATE: February 6, 2008

SUBJECT: U.S. Patent Application
Title: METHOD AND COMPOSITION FOR TREATING
HYPOPIGMENTATION OF THE HAIR AND SKIN
Serial No.: 10/782,827
Attorney Docket No.: SNH 3001

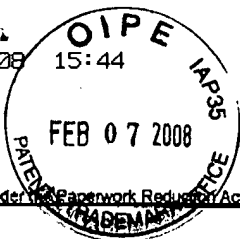
PAGES: INCLUDING COVER PAGE (4)

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PTO/SB/21 (12-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/782,827
Filing Date	February 23, 2004
First Named Inventor	VanStockum
Art Unit	5450
Examiner Name	Arnold, Ernst V
Attorney Docket Number	SNH 3001

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kramer & Amado, P.C.		
Signature			
Printed name	Arlir M. Amado		
Date	2/6/08	Reg. No.	51,399

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<i>Russell A. Belicak</i>	(Signature)
2-7-08	(Date)

02/08/2008 FMETEK12 00000041 10782827

01 FC:2501

720.00 OP

02 FC:1504

300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10782,827	02/23/2004	Audrey VanStockum	SNH 3001	5450

TITLE OF INVENTION: METHOD AND COMPOSITION FOR TREATING HYPOPIGMENTATION OF THE HAIR AND SKIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/09/2008

EXAMINER	ART UNIT	CLASS-SUBCLAS
ARNOLD, ERNST V	1616	424-638000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Kramer & Amado, P.C.**
2. **Arlir M. Amado**
3. **Terry W. Kramer**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUPERNATURAL HEALTH, INC. Chicago, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

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Authorized Signature

Arlir M. Amado

Date

2/6/09

Typed or printed name

Registration No. 51,399

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